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PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration
Submitted
with Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number	99-1200US
First Named Inventor	Marek T. Wlodarczyk
COMPLETE IF KNOWN	
Application Number	10 / 030,260
Filing Date	01/05/2002
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole Inventor (if only one name is listed below) or an original, first and joint Inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TEMPERATURE COMPENSATED FIBER-OPTIC PRESSURE SENSOR

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/143,126	07/09/99	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1, of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/US00/18683	07/07/2000	

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number → Place Customer Number Bar Code Label here
 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
James M. Deimen	25504		

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

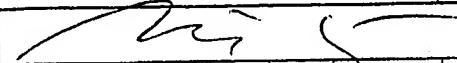
Direct all correspondence to: Customer Number or Bar Code Label OR Correspondence address below

Name	James M. Deimen				
Address	320 N. Main Street, Suite 300				
Address					
City	Ann Arbor	State	Michigan	ZIP	48104-1192
Country	USA	Telephone	734-994-5947	Fax	734-769-2702

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

A petition has been filed for this unsigned inventor
 Name of Sole or First Inventor:

Given Name (first and middle if any)	Family Name or Surname
Marek T.	Wlodarczyk

Inventor's Signature		Date	1/1/02
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Residence: City	Bloomfield Hills	State	MI	Country	USA	Citizenship	USA
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Post Office Address	6865 Vachon Drive						
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Post Office Address							
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City	Bloomfield Hills	State	Michigan	ZIP	48301	Country	USA
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Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Type a plus sign (+) inside this box

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name	Thomas	Middle Initial	J.	Family Name	Poorman	Suffix e.g. Jr.	
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Inventor's Signature

Thomas J. Poorman

Date

1-9-02

Residence: City	Howell	State	MI	Country	USA	Citizenship	USA
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Post Office Address	1616 N. Hacker Road						
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City	Howell	State	MI	Zip	48843	Country	USA	Applicant Authority	
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Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
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Inventor's Signature		Date	
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Residence: City		State		Country		Citizenship	
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Inventor's Signature		Date	
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Inventor's Signature		Date	
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Residence: City		State		Country		Citizenship	
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City		State		Zip		Country		Applicant Authority	
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Additional inventors are being named on supplemental sheet(s) attached hereto